

MONTANA DISABILITY INSURANCE FOR UNINSURED MONTANANS CREDIT
MCA 15-30-129
Instructions on back

Credit available to certain employers who make disability insurance available to employees.

Name (as shown on Form 2)	FEIN:
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PART I **Note:** If you have contributed to any premiums for limited disability insurance on behalf of an employee within the last 12 months you **do not** qualify.

1. Have you been in business in Montana for at least 12 months? _____Yes _____No
2. Do you employ 20 or fewer employees working at least 20 hours per week? _____Yes _____No
3. Do you pay at least 50% of each Montana employee's insurance premium? _____Yes _____No

If you answer **NO** to any of the above questions, do not complete this form, you do not qualify for the credit.

PART II

The credit is limited to a maximum of 10 employees.

Employee	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	Monthly Premium Amount	% of Premiums Paid by Employer		Multiply Column 2 X Column 3	Number of Months Each Employee Insured	Multiply Column 1 X Column 5	Multiply Column 4 X Column 5
1.			\$25				
2.			\$25				
3.			\$25				
4.			\$25				
5.			\$25				
6.			\$25				
7.			\$25				
8.			\$25				
9.			\$25				
10.			\$25				

TOTAL

1. Multiply total of column 6 by 50% (.50).....\$ _____
2. Enter total from column 7.....\$ _____
3. Enter the smaller of line 1 or line 2. This is your credit. Enter this amount on line 103, Form 2A, Schedule II\$ _____

Attach a copy of this form to your return

SPECIAL INSTRUCTIONS

This credit is available to certain employers who make disability insurance available to employees.

The credit allowed cannot be carried back or forward. The credit may only be used to offset tax liability.

Premiums paid by a small business corporation or partnership qualify for the credit. The credit is attributed to the shareholders or partners using the same proportion used to report income or loss for Montana tax purposes.

The credit may not be claimed for a period of more than 36 consecutive months and cannot be granted to an employer or its successor within 10 years of the last consecutive credit claimed.

In order to be eligible for the credit, the insurance premiums you pay must provide the disability insurance benefits that include, but are not limited to coverage for:

- (1) maternity care consisting of prenatal and obstetrical care furnished by providers license or certified in accordance with the laws of the state of Montana or the state where the services are provided;
- (2) newborn care consisting of routine hospital nursery and pediatric care for the child of a covered individual, or covered individual's spouse from the instant of birth until the child reaches the age of 31 days. If newborn coverage is to continue beyond 31 days and payment of a specific premium or subscription fee is required to provide coverage for the child, the policy may require that notification of the birth of the child and payment of the required premium be furnished to the insurer within 31 days after the date of birth in order to have the coverage continue beyond the 31 day period;
- (3) well-child care consisting of immunizations and checkups for children under 2 years of age;
- (4) services for the care and treatment of mental illness, alcoholism, and substance abuse, consisting of inpatient or outpatient services by any licensed Montana facility or provider, with a minimum annual benefit of \$1,000; and
- (5) hospital care under terms and conditions established by the policy of insurance.

Questions? Please call 1-406-444-3674 or TDD 1-406-444-2830 for hearing impaired. 